



A DIVISION OF HAYS COMPANIES

Hays Companies of Washington, DC
1133 20TH Street NW Suite 450
Washington, DC 20036

Toll Free: 202-263-4050
Fax: 202-263-4001

Professional/General Liability Insurance Program

REQUEST FOR CERTIFICATE OF INSURANCE

Policyholder Information

Contact Person / Named Insured: _____

Policy Number: _____

- Errors and Omissions Liability Insurance Only
- General Liability Insurance Only
- Certificate for All Policies (if applicable)

Note on Special Insurance Wording and Endorsements

Certificates requiring special wording or endorsements are subject to Underwriter approval; please attach the insurance/contract information and requirements.

Additional Insured (only applies to GL subject to an additional \$25 charge + taxes)

Certificate Holder Information:

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Fax: _____

Fax a copy of the certificate of insurance to Certificate Holder. Mail original to client(s)

I wish to receive a copy of this Certificate via Fax OR email (include number OR email address on line below):

Fax #: _____ Email address: _____

★★★★ **Fax this request form to (202) 263-4001**★★★★

NOTE: We require a minimum of 48 hours to process your request. If you have any questions, please contact Program Administrators at questions@hayscompanies.com – Thank you.